Gold Coast - Integrated Team Care
2019/20 - 2023/24
Activity Summary View

ITC - 1 - Care coordination and supplementary services

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

1

Activity Title *

Care coordination and supplementary services

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to care coordination, multidisciplinary care, and support for self-management.

Description of Activity *

IUIH has been commissioned through Brisbane North PHN to provide Care Co-ordination and Supplementary Services on behalf of Gold Coast PHN
IUIH implement this service through the provision of a strategic team leader role within the GCPHN region, including regional guidance and strategic direction for the SEQ team and sub contract with Kalwun (Gold Coast AMS) to employ the local care co-ordinators (3.6 FTE) who work directly with the clients on the program.

The model of care includes
• Access to the service via referral from AMS practitioner or Mainstream GP via IUIH
• A care-coordinator is allocated to the patient and makes direct contract to arrange and appointment, which may be a location of their choice or at one of the AMS centres.
• The care co-ordinator will complete a holistic assessment including liaising with any other health professional involved in their care to determine their goals and needs.
• A care plan is developed with the patients which includes building the patients understanding of their chronic disease and how to manage it. The care co-ordinator sets up regular appointments with the client to monitoring the persons progress against their goals
• Gold Coast Health run a number of chronic disease outpatient programs that specifically designed for indigenous that patients are referred too which include education and self-management training These include heart failure, diabetes, chronic obstructive pulmonary and kidney disease self-management programs
• Local indigenous care co-ordinator has been trained by Flinders University in their self- management program and approach and at the time was the largest indigenous cohort training in the country.

Overarching strategies include;
• Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other organisations
• Developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander people.
• Increasing awareness and understanding of the COAG targets to close the gap in Indigenous disadvantage
• Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services
• Implementation of the CCSS component of the ITC program

Workforce Type
Indigenous Health Project Officers 1 FTE
Care Coordinators 3.6 FTE
Outreach Workers 1 FTE
*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment 2020/21-2021/22_update November 2020

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	421

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people with a diagnosed chronic condition

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Strong working partnership will be maintained between Institute of Urban Indigenous Health (IUIH), GCPHN, Kalwun Development Corporation (Kalwun Health, the only local Aboriginal Medical Service), Gold Coast Hospital and Health Service (GCH) and other providers of A&TSI services including mainstream providers within the Gold Coast region.

Collaboration

GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solutions:
1. the Karulbo Partnership (a local regular meeting with representation from organisations working in relation to A&TSI health and wellbeing with around 30 attendees at meetings)
2. the A&TSI community
3. Kalwun (AMS),
4. Institute of Urban Indigenous Health (IUIH)
5. Gold Coast Health – Aboriginal & Torres Strait Islander Services
6. other health and social service providers.

South East Queensland PHNs collaborated to jointly commission the CCSS service delivery component to IUIH (through a single contract managed by Brisbane North PHN) with a renewed contract that has been in place from 1 July 2019, this enables pooling of supplementary service funds.
Quarterly meeting is held between all South East Queensland PHN and IUIH to review process across ITC.

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2024

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2024

Other Relevant Milestones

Prior to July 2020
• The Integrated Team Care Working group (led by Brisbane North) is interested to understand further the outcomes we are achieving for Aboriginal and Torres Strait Islander clients of the ITC program. As such they are seeking information on what data is currently collected and could be shared with the group for evaluation and quality improvement purposes. The 4 different PHN regions will participate.
From July 2020 – June 2021
• Following the survey, Brisbane North will gather data and understand what can be shared to better the program.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

ITC - 2 - Culturally competent mainstream services

Activity Metadata

Applicable Schedule *

Integrated Team Care

Activity Prefix *

ITC

Activity Number *

2

Activity Title *

Culturally competent mainstream services

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

Improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and specialists) for Aboriginal and Torres Strait Islander people.

Description of Activity *

Operational team leader within the GCPHN region, including guidance and direction for the local team
• 2FTE positions
o IHPO mainstream
o Outreach worker
• Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other organisations, including developing and implementing strategies to improve access to mainstream primary care for Aboriginal and Torres Strait Islander people
• Developing and implementing strategies to improve the capacity of mainstream primary care providers to deliver culturally appropriate primary care services to Aboriginal and Torres Strait Islander people, including:
o self-identification
o uptake of Aboriginal and Torres Strait Islander specific MBS items including item 715 - Health Assessments for Aboriginal and Torres Strait Islander People, care planning and follow up items

• Improvement plans for the practices developed that target suggested activities and interventions to bring the clinical indicators within optimal range
• Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services.
Results
Deliverables required align with the PHN Performance Framework and include but not limited to;
Improving Access
• Increase of PIP IHI General Practices in the Gold Coast PHN region.
• Increase number of 715 Health Checks to align with the National Average
• Deliver (Gold Coast PHN region) at least four large group Cultural Awareness training sessions per year, which will have at least 40 individuals complete the course.
• Deliver one Yarning circles each year to collect patient feedback. One in each PHN region
Workforce Type-FTE-AMS-MPC-PHN
Indigenous Health Project Officers—1 AMS
Outreach Workers—1 AMS

*AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment 2020/21-2021/22_update November 2020

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health	421

Activity Demographics

Target Population Cohort

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In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

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Activity Consultation and Collaboration

Consultation

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Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2024

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2024

Other Relevant Milestones

Prior to July 2020
• IUIH facilitates a yearly Forum. A workshop will be held in May 2020 instead of a larger forum and it will focus on all IHPO and Outreach Workers. Each region will share in detail what their model is and what's working well and what the challenges are. This would be an opportunity to learn from other Regions and integrate these roles, so no region is working in isolation.

• Quality Improvement activity to commence with GCPHN Practice Support Team and the IHPO. Action plans to be developed are:

o How to become culturally safe/increase identification/Indigenous PIP registration (this could be divided into 2)
o How to increase quality of care and increase health outcomes by, maximising care plans and care coordination and Practice Nurse item number 10986
From July 2020 – June 2021
• Implement any changes from the IUIH workshop which will assist the IHPO and Outreach Roles.
• Implement the Quality Improvement action plans

• IHPO attending practice visits with the Practice Support Team.

Activity Commissioning

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Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A
